

11/29/99  
JC583 U.S. PTO

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PTO/58/05 (12-97)

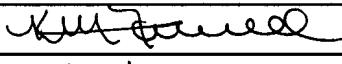
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<p style="text-align: center;"><b>UTILITY PATENT APPLICATION TRANSMITTAL</b></p> <p><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p>		Attorney Docket No.	0156-2001	Total Pages	17	
		<i>First Named Inventor or Application Identifier</i>				
		Michael A. Lebner				
				Express Mail Label No.	EJ386267491US	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
1. <input checked="" type="checkbox"/>	Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>	6. <input type="checkbox"/>	Microfiche Computer Program ( <i>Appendix</i> ) Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i>			
2. <input checked="" type="checkbox"/>	Specification [ <i>Total Pages 17</i> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings ( <i>if filed</i> ). - Detailed Description. - Claim(s). - Abstract of the Disclosure.	7. <input type="checkbox"/>	a. <input type="checkbox"/>	Computer Readable Copy		
			b. <input type="checkbox"/>	Paper Copy (identical to computer copy)		
			c. <input type="checkbox"/>	Statement verifying identity of above copies		
<b>ACCOMPANYING APPLICATION PARTS</b>						
3. <input checked="" type="checkbox"/>	Drawing(s) ( <i>35 USC 113</i> ) <i>[Total Sheets 5 ]</i>	8. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement			
4. <input checked="" type="checkbox"/>	Oath or Declaration <i>[Total Pages 2 ]</i>	9. <input type="checkbox"/>	<i>Power of Attorney</i> <i>(when there is an assignee)</i> English Translation Document ( <i>if applicable</i> ) Information Disclosure Statement (IDS)/PTO-1449			
	a. <input checked="" type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/>	Copies of IDS Citations			
	b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d))	11. <input type="checkbox"/>	Preliminary Amendment			
	c. <input type="checkbox"/> Unexecuted	12. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
	<i>(for continuation/divisional with Box 17 completed)</i>					
	<i>I Note Box 5 below</i>					
	1. <input type="checkbox"/> DELETION OF INVENTOR(S)	15. <input type="checkbox"/>	Small Entity Statement(s)			
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. <input type="checkbox"/>	<i>Statement filed in prior application.</i> Status still proper and desired. Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> Other: _____ _____			
5. <input type="checkbox"/>	Incorporation By Reference ( <i>useable if Box 4b is checked</i> ) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
17. <input type="checkbox"/>	If a CONTINUING APPLICATION, check appropriate box and supply the required information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No: _____					

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09/450488

18. CORRESPONDENCE ADDRESS					
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	11/29/99				

0156VARCV2001.NEW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael A. Lebner

Title: BANDAGE FOR WOUND OR INCISION CLOSURE

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09/450488  
11/29/99



FEE TRANSMITTAL FORM

The Honorable Commissioner  
of Patents and Trademarks  
Washington, DC 20231  
Box Application

Dear Sir:

The filing fee for the referenced application has been calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	22-20 =	2	X 18	36
	INDEPENDENT	3-3=	0	x 78	0
MULTIPLE DEPENDENT CLAIMS			260		
			BASIC FEE	760	
			SUBTOTAL	796	
Reduction by 50% for filing by small entity					
				TOTAL =	398

Please charge my Deposit Account No. 06-0130 in the amount of \$\_\_\_\_\_. Two copies of this transmittal are enclosed.

A check in the amount of \$\_\_\_\_\_. to cover the filing fee is enclosed.

Respectfully submitted,



Kevin M. Farrell  
Registration No. 35,505  
Attorney for Applicant(s)  
(207) 363-0558

York Harbor, ME

Dated: 11/29/99

0156\ARC\2001.FEE